

CLIENT REPORT FORM

Case No: _____ Date In: _____ Time In: _____ Time Out: _____
Client name: _____ SSN: _____ DOB: _____
Current Address: _____ City/State/Zip: _____
Home Ph: _____ Work Ph: _____ Other Ph: _____
Who are you living with? _____

Type of meeting: ☐ Scheduled ☐ Un-Scheduled ☐ Phone ☐ Other _____

Location of meeting: ☐ Kickapoo Court ☐ Kickapoo Police ☐ Other _____

COSTS DUE TO COURT: Do you owe court costs? ☐ Yes ☐ No Do you owe restitution? ☐ Yes ☐ No

Have you made a payment since the last report-in? ☐ Yes, how much? _____ ☐ No, why? _____

EMPLOYMENT:

Employer: _____

Address: _____

Type of work: _____

Days missed: _____

Reason: _____

Does your employer know you're on probation? ☐ Yes ☐ No

Monthly gross income: _____ Hour wage: _____

SCHOOL, IF ATTENDING:

Name of school: _____

Address: _____

Course/Grade: _____

Days missed: _____

Reason: _____

DESCRIPTION OF VEHICLE: Driver's license No.: _____ Year of Vehicle: _____ Make: _____

Style: _____ Color: _____

COUNSELING/TREATMENT: Are you attending any of the following?

Type of program: ☐ Mental Health ☐ AA/NA ☐ Other _____ Last date attended: _____

Name & address of program: _____

Counselor: _____ Phone: _____

Sponsor contacted? ☐ Yes ☐ No Give length of time _____

Any change of status (residence, employment, medical, school, legal, family)? ☐ Yes ☐ No Explain: _____

Any contact with Law Enforcement? ☐ No ☐ Yes, explain: _____

Agency Name: _____ Next Court Date: _____ Time: _____

I certify the above information is true and correct.

SIGNATURE OF CLIENT

DATE

WITNESS

Job Title

DATE

NEXT SCHEDULED APPOINTMENT: _____

Date

Time

Location

Contact Person